

Responding to Medical Progress

Editorial, by Jon L. Jordan, MD, JD

To get closer to our goal of "same day medical certification" for airmen, it is important that we continue to seek new opportunities for greater AME involvement in the certification process. Keeping current with medical progress has been one of my major objectives as Federal Air Surgeon. To achieve this, the staff of the Office of Aerospace Medicine is constantly "tweaking" our programs, policies, and procedures. Sometimes the adjustments are major, and sometimes they are minor. The "tweaking" occurs, however, on an almost daily basis and is frequently transparent to both airmen and aviation medical examiners (AMEs). This is certainly the case in respect to the airman medical certification program.

As we are confronted with new diagnostic technologies, methods of treatment, and prognostic data, our policies and practices must change to take advantage of medical progress. By-and-large, we look at medical conditions on a personal basis, assessing an individual's risk to aviation safety. Blanket prohibitions to medical certification are the exception, rather than the rule.

We also constantly modify our medical certification procedures. Initiation of the requirement that AMEs electronically transmit routinely required ECGs, as well as medical examination findings, was a major change in the process. More subtle changes have included adjustments in the scope of data required for special issuances, intervals between required special follow-up evaluations for airmen granted special issuances, and the timing for submitting special evaluations, to name only a few. This has required a delicate balancing of the need to stay abreast of advances in medical technology and our desire to simplify the medical certification process.

One area under constant discussion relates to how much authority is appropriate to delegate to AMEs. Airmen would, of course, prefer to see more reliance on the treating physician's opinion and more authority delegated to the AME. Some AMEs would willingly take on more responsibility, but others would not. Liability concerns and the time required to deal with sometimes medically complex cases seem to be the primary issues with AMEs.

Our certification staff is concerned about whether sufficient information for making an appropriate decision would be made available to the aviation medical examiner-and even if it were, would the correct decision always be made? Correcting erroneous decisions can be difficult and time-consuming.

In spite of our concerns, over the years we have delegated increasing responsibility to both the

treating physician and the AME. While the delegations have sometimes been broad in nature, they have often been subtle and based on individual case considerations. For example, we recently established a process that allows AMEs, upon verbal authorization by an FAA flight surgeon, to issue medical certificates to airmen who would otherwise have been denied by the AME. These delegations have facilitated the certification of many airmen and have relieved some of the pressures on our Aerospace Medical Certification Division staff.

However, to get closer to our goal of "same day medical certification" for airmen, it is important that we continue to seek new opportunities for greater AME involvement in the certification process. In doing so, we must, of course, keep in mind our aviation safety goals and the concerns of the AMEs.

Upon my request, Dr. Silberman and his staff have identified a significant number of medical conditions that are being considered as candidates for greater AME involvement in the medical monitoring process. These conditions, affecting several thousand airmen who hold special issuances, are relatively low-risk in nature and are unlikely to cause sudden pilot incapacitation.

Procedures for handling these cases, which will continue to include close FAA oversight of the decision-making process, are now being developed and will be implemented soon. As we gain experience with this greater delegation of responsibility, we may find that we can expand the process to include airmen with other medical conditions, whose re-certification is currently reserved for our certification staff.

Please stay tuned for further developments.

JLJ